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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

100.2480501

| CLAIMS AS FILED - PART I (Column 1) (Column 2) |                                                                                                                                                                                                                                                                                                                     |                                           |              |                                          |                                |                  |   | SMALL ENTITY TYPE                       |                        |    | OTHER THAN                              |                        |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--------------|------------------------------------------|--------------------------------|------------------|---|-----------------------------------------|------------------------|----|-----------------------------------------|------------------------|
| TOTAL CLAIMS                                   |                                                                                                                                                                                                                                                                                                                     |                                           | 16           |                                          |                                |                  | ſ | RATE                                    | FEE                    |    | RATE                                    | FEE                    |
| FOR                                            |                                                                                                                                                                                                                                                                                                                     |                                           | NUMBER FILED |                                          | NUMB                           | ER EXTRA         |   | BASIC FEE                               | 370.00                 | OR | BASIC FEE                               | 740.00                 |
| TOTAL CHARGEABLE CLAIMS                        |                                                                                                                                                                                                                                                                                                                     |                                           | /6 minus 20= |                                          | *                              |                  |   | X\$ 9=                                  |                        | OR | X\$18=                                  |                        |
| INDEPENDENT CLAIMS                             |                                                                                                                                                                                                                                                                                                                     |                                           | 7 minus 3 =  |                                          | * 4                            |                  |   | X42=                                    |                        | OR | X84=                                    | 336                    |
| MULTIPLE DEPENDENT CLAIM PRESENT               |                                                                                                                                                                                                                                                                                                                     |                                           |              |                                          |                                |                  |   | +140=                                   |                        | OR | +280=                                   |                        |
| * If                                           | the difference                                                                                                                                                                                                                                                                                                      | in column 1 is                            | less than ze | ro, ente                                 | r "0" in c                     | column 2         |   | TOTAL                                   |                        | OR | TOTAL                                   |                        |
|                                                | CI                                                                                                                                                                                                                                                                                                                  | LAIMS AS A<br>(Column 1)                  | MENDED       | ENDED - PART II<br>(Column 2) (Column 2) |                                |                  |   | SMALL E                                 | NTITY                  | OR | OTHER<br>SMALL                          |                        |
| AMENDMENT A                                    |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID            | HEST<br>IBER<br>OUSLY          | PRESENT<br>EXTRA |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus        | **                                       |                                | =                |   | X\$ 9=                                  |                        | OR | X\$18=                                  |                        |
|                                                | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus        | ***                                      |                                | =                |   | X42=                                    |                        | OR | X84=                                    |                        |
|                                                | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF MI                             | JLTIPLE DEP  | ENDEN                                    | T CLAIM                        |                  |   | +140=                                   |                        | OR | +280=                                   |                        |
|                                                |                                                                                                                                                                                                                                                                                                                     |                                           |              |                                          |                                |                  |   | TOTAL<br>ADDIT, FEE                     |                        | OR | TOTAL<br>ADDIT. FEE                     |                        |
|                                                |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |              |                                          | mn 2)                          | (Column 3)       |   | ADDII. 1 EE [                           |                        |    | ADDII. 1 CE                             |                        |
| AMENDMENT B                                    |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUM<br>PREVI                             | HEST<br>MBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus        | **                                       |                                | =                |   | X\$ 9=                                  |                        | OR | X\$18=                                  |                        |
|                                                | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus        | ***                                      | T CL AINA                      | =                |   | X42=                                    |                        | OR | X84=                                    |                        |
| <u> </u>                                       | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF M                              | ULTIPLE DEF  | ENDEN                                    | I CLAIN                        |                  | J | +140=                                   |                        | OR | +280=                                   |                        |
|                                                |                                                                                                                                                                                                                                                                                                                     |                                           |              |                                          |                                |                  |   | TOTAL<br>ADDIT. FEE                     |                        | OR | TOTAL<br>ADDIT: FEE                     |                        |
|                                                |                                                                                                                                                                                                                                                                                                                     | (Column 1)                                |              |                                          | mn 2)                          | (Column 3)       |   | , , , , , , , , , , , , , , , , , , , , |                        |    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |
| AMENDMENT C                                    |                                                                                                                                                                                                                                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREVI                             | HEST<br>MBER<br>IOUSLY<br>DFOR | PRESENT<br>EXTRA |   | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                                                                                                                                                                                                                                                                                               | *                                         | Minus        | **                                       |                                | =                |   | X\$ 9=                                  |                        | OR | X\$18=                                  |                        |
|                                                | Independent                                                                                                                                                                                                                                                                                                         | *                                         | Minus        | ***                                      |                                | =                | П | X42=                                    |                        | OR | X84=                                    |                        |
| L                                              | FIRST PRESE                                                                                                                                                                                                                                                                                                         | NTATION OF M                              | ULTIPLE DEF  | PENDEN                                   | T CLAIN                        | 1                | 1 | 1140-                                   |                        |    | +280=                                   |                        |
|                                                |                                                                                                                                                                                                                                                                                                                     | mn 1 is less than t                       |              |                                          |                                |                  | _ | +140=<br>TOTAL                          |                        | OR | TOTAL                                   |                        |
| ***                                            | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                           |              |                                          |                                |                  |   |                                         |                        |    |                                         |                        |